The Intersection of Geriatrics and Palliative Care

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What is Palliative Care?

- Holistic care
- Treatment of pain and other symptoms
- Psychosocial support
- Aims to improve the quality of life of patients and their families facing the problem associated with life-threatening illness
Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.
How Do We Practice Palliative Care?

• Symptom management, both pharmacological and nonpharmacological interventions
• Psychosocial, spiritual, religious support
• Help to illicit goals of care and support a patient’s goals
• Ensure the patient’s voice is heard
• Help to maintain dignity and support quality of life
Geriatrics

- ~ 68% of Medicare costs are related to patients with 4 or more chronic conditions.
- ~ 90 million Americans are living with serious illness and this number is expected to increase as baby boomers continue to age.
- Patients over age 80 had reduced prevalence of cancer and more prevalence of dementia and incapacity.
Case

“John” is an 87-year-old male who presents to the ER after a fall at home. He has a history of coronary artery disease, hypertension, COPD on home oxygen and diabetes. He is complaining of right hip pain and found to have a right hip fracture requiring surgery.

How do we treat his pain?
What is important to know about his home environment in terms of discharge planning?
Is a PC consult appropriate?
What do we do if he becomes delirious?
How do we practice geriatrics within palliative care?

- Functional Status
- Physical Health including vision, hearing, fall prevention
- Polypharmacy
- Cognitive Assessment

- Goal is to improve and maintain functionality for patients
Symptom Management

- Pain
- Nausea
- Dyspnea
- Anxiety
- Insomnia
- Constipation
Pain Management in Geriatrics

- Determine cause of pain
- Non-opioids: acetaminophen, NSAIDS if able
- Consider non-pharmacological interventions: acupuncture, physical therapy
- Referral for pain intervention like ESI
Medication Guidelines

Geriatrics:
Treat the symptom, treat the medical diagnosis

Beers Criteria

Palliative care:
Treat the symptom
Balance risk benefit
Symptom Management

- Emotional distress
- Anxiety
- Insomnia
- Spiritual/Religious Distress
Advanced Care Planning

- MOLST/POLST
- End of life wishes
- Philosophy of hospice
- Caregivers

https://www.jpsmjournal.com/article/S0885-3924(02)00377-9/fulltext
Caregivers

• Family member or friend
• Help provide companionship
• Assistance with medications, meal preparations and doctor’s appointments
The Intersection

- Older patients require more healthcare
- In 2015, the United Nations estimated that the number of older people will increase by 56% by 2030 (United Nations, 2015)
- Traditionally, palliative care is a specialty that grew in the oncology population
- How do we incorporate both together? What is the same and what is different?
The Intersection

• Both are highly multiprofessional, interdisciplinary specialties.

• Advanced care planning including code status, MOLST forms, goals/wishes

• Symptom assessment and treatment
What Does the Literature Say?

- Unclear boundaries between the two specialties
- Ambiguity about how older patients fit into current health system
- Communication or lack thereof between the two specialties
- There is not a lot of research about the communication and practices between these two specialties
Barriers

• Palliative care is more readily available to patients with cancer diagnosis.
• Lack of palliative care specialists.
• Lack of institutional support for both geriatrics and palliative care.
• Palliative care consultations for geriatric patients generally occur during hospitalization and patients die quickly.
Sources


THANK YOU